

OFFICE USE ONLY License No./Code _____ Endeavor: _____ Date Issued: _____ Expiration Date: _____ Alarm permit #: _____ BCI Check: No Hit _____ Mailed _____	<div><div>THE CITY OF COLUMBUS MICHAEL B. COLEMAN, MAYOR</div><div>DEPARTMENT OF PUBLIC SAFETY ARCADE LICENSE APPLICATION Chapter 559, Columbus City Codes</div></div>
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All information contained in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in revocation or future denial; of this license, as well as criminal prosecution under chapter 2321.13 (A3) (A5), Columbus City Codes. A Violation of Chapter 559 (governing Arcades) may be cause for suspension of all licenses issued thereunder.

\$10.00 non-refundable application fee required for processing all applications

****Office approvals****Bldg/Reg_____ Fire_____ Health_____ Zoning_____ RC_____

NEW ☐ RENEWAL ☐

REQUIRED INFORMATION FOR OWNER OR MANAGER ON SITE

Social Security number: _____

Name: _____ Phone: _____
(Print your full name)

Address: _____
Street City State Zip Code

Sex_____ Race: _____ Height_____ Weight_____ Eyes_____ Hair_____

Date of Birth_____ Place of Birth _____

List all felony convictions, anywhere in the United States, within the past five years:

Are you on felony probation or parole? Yes or No (please circle)

Have you or your company had a City of Columbus license revoked, suspended, or refused within the last three (3) years? Yes or No (please circle)

BUSINESS INFORMATION:

FEDERAL ID #_____

Business Name: _____ Telephone: _____

Business Address: _____
(Number, Street)

City State Zip code

Does this business hold a current *Liquor Permit*? Yes or No

Permit number#: _____ expiration date: _____

Is this establishment located within **500 ft.** of a church or school? _____

REVERSE SIDE MUST BE SIGNED DATED AND NOTARIZED

Number of *coin operated* “games/amusement devices” new or renewal establishment are requesting to have on site? _____

If this is a renewal application, have there been any STRUCTURAL CHANGES to your establishment since your first application and approval by BUILDING AND REGULATIONS? Examples: patios, room addition, stages, etc.: YES ☐ NO ☐ IF YES, EXPLAIN

List the name, date of birth, social security number, title and home address of all persons who have a direct or indirect interest in the business (include, partners, stockholders, lien holders and corporate officers):

1.

Name

Date of Birth

Social Security No.

Title

Home Address

Zip code

2.

Name

Date of Birth

Social Security No.

Title

Home Address

Zip Code

(Attach additional sheets if necessary)

Please provide name and phone number of person to be contacted for scheduled inspections:
During hours of 9:00am and 3:00pm

Name: _____

Work: _____

Home: _____

Cell: _____

Pager _____

STATE OF OHIO, COUNTY OF FRANKLIN:

_____, being duly sworn, deposes and
(Applicant Name - Print)

says he or she is the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

Applicant Signature

Sworn to before me and subscribed in my presence this ____ day of _____, _____.

Notary or Agent of Director of Public Safety